
Consultant Enrollment Package

**Office for Victims of Crime
Training and Technical Assistance Center
2277 Research Boulevard
Rockville, MD 20850
Telephone: 800-627-6872
Fax: 301-519-5533**

Office for Victims of Crime Consultant Enrollment Package

The Office of Justice Programs (OJP) requires the information listed below for enrollment in the Office for Victims of Crime (OVC) Training and Technical Assistance Consultant Pool. Please complete this enrollment package and return it with a current résumé or curriculum vitae and half page biography. Please print or type in the information.

Section A: Personal Information

Prefix	First Name	Middle Initial	Last Name	Suffix
_____	_____	_____	_____	_____

1) Business Mailing Address

Name of Company or Organization _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip Code _____

Business Phone _____ Fax _____

E-Mail Address _____

2) Home Mailing Address

Address 1 _____

Address 2 _____

City _____ State _____ Zip Code _____

Business Phone _____ Fax _____

E-Mail Address _____

3) Preferred Mailing Address *(Please check one)*

Home _____ Work _____

The Following Two Questions Are Optional

4) Race/Ethnicity

The following information has been requested by the Office for Victims of Crime (OVC) to determine the racial, ethnic, and gender diversity among consultants utilized in this technical assistance contract. OVC and Aspen Systems Corporation support diversity in all of their work and view this information as an essential element of the OVC consultant pool. Although optional, both would appreciate your cooperation in providing the following information.

Please indicate if you are:

_____ Native American

_____ Asian or Pacific Islander

_____ African American (not of Hispanic origin)

_____ Black

_____ Hispanic

_____ Caucasian (not of Hispanic origin)

_____ Other (please specify) _____

5) Gender

_____ Male

_____ Female

6) Personal History

_____ Victim/survivor of crime

_____ Family member of a victim/survivor of crime

Section B: Employment/Professional Information

1) Do you consider yourself a (*check one*):

☐ Practitioner ☐ Researcher ☐ Public Policy Specialist
☐ Administrator ☐ Academician

2) Current Job Title _____

3) Current Employment Category (*Check all that apply*)

☐ Federal Government
☐ State, City, or Local Government
☐ Nonprofit Organization
☐ Private Enterprise
☐ Contractor

For Whom ? _____ When? _____

Contracts worked on within the past 3 years:

☐ Independent Consultant
☐ Educational Institution
 ☐ Early Childhood ☐ Primary ☐ Secondary ☐ University
☐ Community-Based Program
☐ Activist
☐ Volunteer
☐ Media/Communications
☐ Other _____

4) **Consultant Income**

The following information is required to provide a basis on which to compute a daily consultant rate.

Current Total Annual Income

Annual amount of income from salary* \$ _____

Annual amount of income from consulting** \$ _____

Annual income from other sources \$ _____
(please specify) _____

Total \$ _____

Salary is based on: 12 Months _____
(✓ appropriate selection) 9 Months _____
Other (please specify): _____

You are employed: Full-Time _____
(✓ appropriate selection) Part-Time _____

New Consultants

If you are newly established as a consultant (within the last year) and would like your previous salary to be considered as a basis on which to compute a consultant daily rate please answer the following questions.

Your most recent salary prior to being self-employed: \$ _____

Name of employer: _____

Dates (months and years) of most recent full-time employment: _____

Loaded Rates

If you are self-employed or work for a private or nonprofit organization (provided the consultant check will be made payable to your firm) and you wish to have us establish a loaded rate for you, please contact TTAC for additional materials.

Attachments

Provide, as appropriate, one of the following forms of documentation to substantiate your salary:

* IRS W-2 Form ** IRS 1099 Form

Copy of consulting agreement for work on another U.S. Government contract.

Your firm's list of consulting rates.

Letter stating that your rate is the rate you charge your "most favored" client.

5) Federal Agency Collaboration/Contact

Please check all agencies with whom you have had professional contact.

- ☐ U.S. Department of Justice
 ☐ Bureau of Justice Assistance
 ☐ Bureau of Justice Statistics
 ☐ National Institute of Justice
 ☐ Office for Victims of Crime
 ☐ Office of Justice Programs
 ☐ Corrections Program Office
 ☐ Domestic Terrorism Response
 ☐ Drug Courts Program Office
 ☐ Violence Against Women Office
 ☐ Office of Juvenile Justice and Delinquency Prevention
☐ Center for Disease Control and Prevention
☐ Federal Emergency Management Agency
☐ National Institute for Mental Health
☐ National Institute of Corrections
☐ U.S. Department of Defense
☐ U.S. Department of Education
☐ U.S. Department of Health and Human Services
☐ U.S. Department of State
☐ Other (specify) _____

6) Degree(s), Date(s) Earned, and Institution(s)

Degree	Date Earned	Institution

7) Current Licenses/Certifications

Name of License/Certification	Date Received	Applicable State(s)

8) Language Fluency

Please indicate your ability to read, speak, or write any of the languages listed below. When making your selection, please fill in the table by using the experience key shown below. **Please check only those areas that apply.**

Key 1 = Extensive Fluency 2 = Moderate Fluency

Language	Read	Speak	Write
English			
Spanish			
French			
Chinese			
German			
Japanese			
American Sign Language			
Other			

9) Computer Knowledge and Access

Hardware

_____ IBM/IBM Compatible

_____ Macintosh

Software

_____ MS Word

_____ WordPerfect - DOS

_____ WordPerfect - Windows

_____ Internet Access

Section C: Substantive Expertise

Please indicate your experience providing consultation/technical assistance in each of the subject areas listed. When making your selection, use the numerical value that corresponds to the experience key shown below. **Please check only those categories that apply.**

Key

- | | |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 = Expert in Subject Area: | Consultant has completed publications, speeches, and/or articles in the subject area and has an indepth knowledge of subject without the use of written notes or aids. |
| 2 = Knowledge of Subject Area: | Consultant has working knowledge of the subject area. |

1) Criminal Victimization

- | | |
|------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Adults Molested as Children | <input type="checkbox"/> Juvenile Crime |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Mass Criminal Victimization |
| <input type="checkbox"/> Child Physical Abuse | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Child Sexual Abuse | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> Domestic Terrorism | <input type="checkbox"/> Homicide |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Terrorism Abroad |
| <input type="checkbox"/> DUI/DWI | <input type="checkbox"/> White Collar Crime |
| <input type="checkbox"/> Elder Abuse | <input type="checkbox"/> Work Place Violence |
| <input type="checkbox"/> Fraud | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hate/Bias | |

2) Under Served Populations as Crime Victims

- | | |
|----------------------------------------------------------|-------------------|
| _____ Native American | _____ Gay/lesbian |
| _____ African American (<i>not of Hispanic origin</i>) | _____ Women |
| _____ Black | _____ Elderly |
| _____ Hispanic | _____ Children |
| _____ Asian | _____ Military |
| _____ People with disabilities | _____ Other _____ |

3) The Criminal Justice System and Victim Assistance

- | | |
|-----------------------------|----------------------------|
| _____ Corrections | _____ Probation and Parole |
| _____ Courts | _____ Prosecution |
| _____ Federal Court System | _____ Tribal Court System |
| _____ Law Enforcement | _____ Other _____ |
| _____ Military Court System | |

4) Legislation

- | | |
|----------------------------------|--------------------------------|
| _____ Community Notification | _____ Right to Notice |
| _____ Constitutional Rights | _____ Right to Privacy |
| _____ HIV Testing of Offenders | _____ Right to Property Return |
| _____ Payment for Forensic Exams | _____ Right to Protection |
| _____ Restitution | _____ Other _____ |
| _____ Right to Attend Trial | |
| _____ Right to be Heard | |
| _____ Right to Confer | |

5) Allied Professionals

_____ Child Protective Services

_____ Faith Community

_____ Media/Communications

_____ Medical Services

_____ Mental Health Services

_____ Social Services

_____ Other _____

6) Other Victim-Related Issues

_____ Campus Crime

_____ Hate and Bias Crimes

_____ HIV/AIDS

_____ Juvenile Justice

_____ Litigation

_____ Restorative Justice

_____ Other _____

Section D: Functional Expertise

Please indicate your experience providing consultation/technical assistance within the last 3 years in each of the skill areas listed. When making your selection, use the numerical value that corresponds to the experience key shown below. **Please check only those categories that apply.**

Key

1 = Expert in Skill Area: Consultant has significant experience in either performing the skill or providing technical assistance and/or training in the skill area.

2 = Knowledge of Skill Area: Consultant has working knowledge of the skill area.

1) Program Evaluation/Research and Development

- | | |
|---------------------------------------------------|-------------------------------------------------|
| _____ Applied Statistics | _____ Quality Assurance
Models/Methodologies |
| _____ Data Analysis | _____ Research Design and
Methodology |
| _____ Data Collection | _____ Survey Research |
| _____ Outcome and Performance-Based
Indicators | _____ Other _____ |
| _____ Program Evaluation | |
| _____ Program Planning and
Implementation | |

2) Program Design and Development/Organizational Development

- | | |
|----------------------------------------|-----------------------------------------------------|
| _____ Advisory Board Selection | _____ Management |
| _____ Group Dynamics | _____ Organizational Development and
Fundraising |
| _____ Needs Assessment | _____ Organizational
Diagnosis/Assessment |
| _____ Operational Planning | _____ Personnel Allocation |
| _____ Organizational Change/Transition | |

2) Program Design and Development/Organizational Development (continued)

_____ Policies and Procedures Development _____ Strategic Planning
_____ Program Accreditation _____ Team Building
_____ Program Costing/Budgeting _____ Other _____
_____ Resource Allocation

3) Program Management/Administration/Training

_____ Automated Client and Program Record Systems Management _____ Staff Development and Training
_____ Automated Notification System _____ Systems Development and Implementation
_____ Data Management and Information Systems Development _____ Total Quality Management (TQM)
_____ Diversity Training _____ Volunteer Recruitment and Retention
_____ Privacy and Confidentiality _____ Other _____
_____ Record Keeping

4) Publication Peer Review

_____ Publication Review. Please list peer reviews in the chart below:

Publication Review Title	Agency	Date Completed

_____ Information Dissemination _____ Public Awareness Campaigning

_____ New Technology/Internet /Intranet _____ Public Relations/Media Management

Other _____

_____ Report Writing	_____ Publications/Scholarly Articles
_____ Speech Writing	_____ Solicitations/Requests For Proposals
_____ Technical Writing	_____ Developing Rules, Regulations, or Guidelines
_____ Editing	_____ Other _____
_____ Proposal Development	

_____ Public Speaking

_____ Meeting Moderation

_____ Presentation Delivery

_____ Other _____

_____ Meeting Facilitation

Speaking Activity	Agency	Date

Section E: Service Settings

Please indicate your experience providing consultation/technical assistance in each of the service settings listed. When making your selection, use the numerical value that corresponds to the experience key shown below. **Please check only those categories that apply.**

Key	1 = Extensive Experience	2 = Moderate Experience
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 American Indian Reservations

_____ State/Local Agency

Rural Areas

_____ Urban/Inner City Areas

_____ Federal Agency

_____ Other _____

_____Public Housing Unit

Section F: Consulting Experience

Please list your most recent OJP and other consulting experience. Please supply three reference letters from the primary contracting contact from recent consulting engagements. These letters should address your competency as a trainer/facilitator/speaker as well as your subject matter expertise. Aspen Systems Corporation and OJP reserve the right to contact the organizations listed below for further information as to the nature of the consulting services rendered.

Month/Year	OJP and Other Organization Name, Address	Grant Number	Phone Number

Consultant Enrollment Submission Checklist

I am submitting the following items with my completed Consultant Enrollment Package:

- _____ Résumé or curriculum vitae
- _____ Biography (no longer than half a page)
- _____ Income verification documents (as specified on page 4)
- _____ Three reference letters (as specified on page 13)

Certification

I certify that the information provided herein, including consultant income information and attachments, is current and accurate.

Date

Signature

NOTE: Other organizations sometimes request a list of experts to identify speakers/trainers/ facilitators for their conferences and trainings. If you DO NOT want to be included, check the space below. (Information that will be included when responding to requests for lists of experts are the consultants' names, business contact information, and Substantive Expertise Information [section c].)

_____ Do not submit my information to other organizations.